

Iowa Department of Public Health Tuberculosis Control Program

LTBI 12-Dose Treatment Monitoring Flow Sheet

Patient Name (Last, First):						DOB:			Medication: - INHmg RPTmg				mg	
Drug Key: INH= Isoniazid, RPT= Rifapentine		Ordering Clinician:							# Tabs			# Tabs		
Date:														
TB symptoms?: (i.e., weight loss, night sweats, prolonged cough, bloody sputum)														
SIDE EFFECTS	Poor appetite (INH/RPT)													
	Nausea/vomiting (INH/RPT)													
	RUQ abdominal tenderness (INH/RPT)													
	Tea/coffee colored urine (INH/RPT)													
	Unusual fatigue (INH/RPT)													
	Rash/itching (INH/RPT)													
	Yellow skin/eyes (INH/RPT)													
	Numbness/tingling in arms/legs (INH)													
	Fever for 3 days or more (INH/RPT)													
	Dizziness (RPT)													
TEACHING	Need to notify MD/nurse if side effects													
	Signs/symptoms of active TB disease													
	Avoiding pregnancy (RPT)													
	Effect on hormonal contraceptives (RPT)													
	Orange urine/tears is normal (RPT)													
	Avoiding ETOH use													
	Importance completing regimen													
	Importance of notifying provider if moving													
	Adherence: Any missed doses (If Yes, Document) Must complete 12 doses in 16 wks.													
	Vitamin B6 Taken?													
Nurse Initials														
Complete when closing case: Total # doses ingested: Total # weeks on therapy: Therapy Completed? Yes No						Nurse Signature and Initials:								
									Nurse Signature and Initials:					

Documentation Key: Y= Yes, N= No, NA= Not Applicable, P= See Progress Notes on Back